

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/1089138**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	0					
3	0					
4	0					
5	3					
6	0					
7	0					
8	0					
9	0					
10	0					
11	0					
12	0					
13	0					
14	0					
15		1				
16		1				
17		1				
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40		1				
41		1				
42		1				
43		1				
44		1				
45	0					
46						
47						
48						
49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	15	→	13	→		→
TOTAL CLAIMS	16	[REDACTED]	14	[REDACTED]		[REDACTED]

*	IND.	DEP.	*	IND.	DEP.	IND.	DEP.
51							
52							
53							
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96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		→		→		→	→
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]	[REDACTED]